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EXPECTATIONS OF THE PATIENTS REFERRED TO PHYSICAL AND REHABILITATION MEDICINE DOCTORS

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SUMMARY

Background:

Understanding the expectations of patients seems to be an essential complement to medical diagnosis and an aid in ordaining the healing process. The aim of this study was to assess and analyse the expectations of patients who are referred to physical and rehabilitation medicine doctors as a result of various musculoskeletal diseases.

Material/ Methods:

90 patients were tested, including 34 males and 56 females, ranging in age from 22 to 88 years (mean age 52.5 ± 19.54), who go to see a doctor predominantly because of back pain. As adopted by Juczyński, the questionnaire assessing patients' expectations "Patients' Request Form (PRF), was employed for statistical analysis, the Mann-Whitney U, Kurskala-Wallis and chi-square tests were also used.

Results:

It has been shown that primarily all patients await the diagnosis of their disease and then information about further examination and treatment. Expectation of any emotional support was at the lowest rate, though it did increase with age and was higher in women than in men ($p < 0.05$). The majority of respondents express a wish to take advantage of supplementary physiotherapeutic consultations, ones specially targeted for interim aid, especially when the waiting time for any assigned rehabilitation is two-months and longer.

Conclusions:

Further research on patients' expectations towards medical rehabilitation specialists should be conducted, and its results should be taken into account in the treatment process in order to improve the efficiency and quality of medical services as well as the entire, long-lasting therapy process.

Key words: patient's expectations, doctor-patient relationship, rehabilitation

BACKGROUND

Patients' expectations towards doctors, therapists and health care providers are beginning to play an increasingly crucial role in the treatment process. The approach to patients, where a doctor would keep his patients unaware of their health condition, by limiting and reducing the information on their illness and treatment, has been demised from practice. The current patient-centred approach incorporates patients' activeness and involvement in the treatment process, as well as an awareness of their rights and participation in decision making (Patel et.all, 2011; Kliszczyk, 2015; Skatteboe et al 2017). An incorrect diagnosis may be made by a doctor because of poor doctor-patient communication. (Ratajska, 2010). By focusing attention on a patient's needs and problems, as well as an opportunity to decide on their own treatment plan, the dominant role of the doctor is changed. The patient begins to be treated subjectively, not objectively (Juczyński, 2001; Ratajska, 2010). Listening to a patient, asking open-ended questions, as well as observing their emotions are the key factors that play a significant role in doctor-patient communication improvement. A doctor should control whether what a patient says is in line with their behaviour, manner and body language (Juczyński, 2001; Ratajska, 2010; Włoszczak-Szubzda, 2012; Kliszczyk, 2015). Patients' expectations are very important factors in the medical profession, and can be considered not only at the level of diagnosis and therapy, but on the emotional dimension, as well. A correct doctor-patient relationship allows for an accurate and rapid diagnosis (Juczyński, 2001; Marcinów, 2011; Ratajska, 2010; Włoszczak-Szubzda, 2012; Kliszczyk, 2000; Zabiene, 2004; Osólska-Bogucka, 2014). When a doctor knows what his patient expects from him, it facilitates the doctor's work and allows him to focus on the patient's problems. Recently, excessive expectations on the part of patients towards doctors have been observed. This is due to patients' ignorance in terms of a doctor's duties, and at the same time the formal duties and responsibilities imposed on doctors, which may have adverse consequences in relations between the two parties (Rotter, 2013).

According to research, patients' expectations can be divided into three main groups: seeking help in emotional problems, obtaining information about the examinations and therapies that are carried out, and a desire to explain the disease (Juczyński, 2001). Increased expectations of emotional support can be seen primarily towards primary care physicians, who are often expected to be psychologists (Rotter, 2013). Patients report to their General Practitioners with any health problem. The situation looks different in terms of physical and rehabilitation medical doctors. As a patient has had to normally wait a long time to be seen by a specialist, he will have specific expectations of his visit and may require a further course to their treatment process (NIK report, 2014).

The aim of the study was to analyse the expectations of patients reporting for a visit to a physical and rehabilitation medicine doctor as a consequence of pain and musculoskeletal problems. Additionally, the purpose was to assess patients'

attitudes in searching for further specialist consultations based on their current need for support and help in healthcare needs.

MATERIAL AND METHODS

90 patients (34 men and 56 women), who reported to a physical and rehabilitation medicine doctors, were examined. The age of patients ranged between 22 and 88 years (mean age 52.5 ± 19.54). The patients filled out a questionnaire before their visit to a doctor. The research was carried out as a part of the university research project of the Faculty of Rehabilitation at the University of Physical Education in Warsaw.

Patients were divided into 3 age groups: 20-45, 46-65 and over 65.

In the first group there were 33% of respondents (30 persons), in the second group 35% of respondents (31 persons), and in the third, 32% (29 persons). The most common reasons for visits were spinal, lumbosacral or cervical pain (61%), followed by problems of the knee joint 10% and the shoulder joint 6%. Other ailments and reasons for visits were due to problems with the hip joint, the foot and the wrist.

The Polish version of the standardized questionnaire The Patient Requests Form (PRF) by Salmon and Quine, in the adaptation of Juczyński (2001) was used in the study. The form contained 18 statements regarding three areas of expectations: the explanation of the disease, seeking emotional support, and obtaining information on examinations and treatments. In each area (assessed by 6 statements), the patient could receive 0-12 points, where the higher score meant higher expectations in this aspect. It is regarded that a score above 7 points indicates high expectations (Juczyński, 2001). The study was extended by two additional questions concerning the assessment of willingness to use the specially tailored consultation at a physiotherapist, targeted at assistance in dealing with current health problems and pain. The patients were informed about the purpose of these consultations.

The results were subjected to statistical analysis. Any sex difference significance was tested for by the use of the Mann-Whitney U test. The Kurskala-Wallis test was used for age groups, and the correlation of sex, age and the cause of visits was subjected to the chi-square test. $P < 0.05$ was used for the level of significance.

RESULTS

The results were drawn up, taking into account sex and the three age groups. The chi-square test revealed no significant differences depending on the sex ($p < 0.2674$) and age ($p < 0.168$) from the category of patients' expectations. Patients, regardless of their age and sex, most often indicated the explanation of disease (mean points 11.41 to 12), secondly, information on examinations (mean points 10.39 to 12), whereas the expectation of emotional support was on the third position (mean 5 points, 1 out of 12). At the same time, only in this category

Table 1. Expectations of patients, who reported to see a medical rehabilitation doctor (M-mean and SD-standard deviation in point values)

| | N | Explanation of the disease | | Emotional Support | | Information on examination and treatment | |
|----------------|----|----------------------------|------|-------------------|------|--|------|
| | | M | SD | M | SD | M | SD |
| | 90 | 11.41 | 1.74 | 5.1 | 3.29 | 10.39 | 2.29 |
| Sex: | | | | | | | |
| M | 34 | 11.47 | 1.72 | 4.20 | 2.84 | 10.14 | 2.52 |
| F | 56 | 11.37 | 1.77 | 5.64 | 3.44 | 10.53 | 2.14 |
| Significance p | | p<0.492 | | p<0.056 | | p<0.397 | |
| Age: | | | | | | | |
| 20-45 | 30 | 11.63 | 1.19 | 4.13 | 2.80 | 10.53 | 1.68 |
| 45-65 | 31 | 11.13 | 2.23 | 4.84 | 2.71 | 10.13 | 2.58 |
| 65+ | 29 | 11.48 | 1.66 | 6.38 | 3.96 | 10.52 | 2.56 |
| Significance p | | p<0.731 | | p<0.075 | | p<0.452 | |

were the more evident differences noticeable (on the borderline of significance) with regards to the sex and age. Women expected greater emotional support than men ($p < 0.056$), as did the elderly, aged +65, compared with the younger age groups ($p < 0.075$). These data are presented in Table 1.

With regards to the question about patients' willingness to participate in the specially tailored physiotherapeutic consultations, when the waiting time for rehabilitation was more than 2 months, 82 patients (91% of respondents) answered in the positive manner, 1 person was not sure, and 6 did not show interest in participation. Assuming that the consultations were chargeable, the rate of interested patients dropped to 38%, and those undecided dropped to 15%.

DISCUSSION

The issues discussed in this paper fit into the widely explored knowledge in neuropsychology and cognitive psychology, in particular microgenetic theory of the self, consciousness and mind-brain state (Brown and Pachalska 2003; Brown 2004). A review of the current subject literature has been conducted in Paçhalska et al (2015). This approach greatly facilitates the understanding of some mechanisms corresponding to, among others, the expectations of patients to the treatment process and self-control of diseases.

The aim of this study was to assess the expectations of those patients who are treated because of chronic spinal and musculoskeletal diseases. The results have shown that patients primarily expect an explanation of the disease from the medical rehabilitation specialists. The information on examination and treatment was also equally important for them, whereas emotional support was less expected. Similar results were confirmed by various authors in their respective studies (Zabiene, 2004; Makara-Studzińska et al. 2011; Juczyński, 2001). According to Juczyński (2001), the mean point scores for each category were: awaiting an explanation of the disease 10.09, expectations about examination and treatment 9.68 and 5.64 expectations of emotional support 5.64 out of 12 possible points, with respect to the own research respectively 11, 41, 10.39 and 5.1. The

results presented by Juczyński are analogous to the results presented in this article in view of the differences between sexes, however a higher expectation of emotional support was observed in women when compared to men.

The emotional support turned out to be the category that differentiated the subjects the most. In this study, three age groups were examined: 20-45, 46-65 and over 65. Patients in the younger age groups indicated the need for emotional support less frequently, the tendency of a difference significance between the age groups ($p < 0.07$) was here obtained. Kemicer-Chmielewska et al., (2014; 2015) conducted studies among the elderly (60-90) on their expectation of emotional support towards Primary Health Care doctors (PHC) with the use of the PRF questionnaire. Over 60% of respondents expected emotional support and encouragement, they needed a discussion about their emotions to be held. Strzelecka et al. (2015) paid particular attention to the group of people over 65 years of age in her study. The expectations of patients towards General Practitioners were analysed, with the research confirming that the expectations of emotional support in people aged 30-44 years were significantly lower than those in the older age group. It was also shown that the expectation of information about the examination and treatment was similar in all age groups, which was also confirmed by the present study.

The analysed literature suggests a correlation between the increased quest for emotional support and patients' age. According to the European Health Committee, most problems reported to doctors by the elderly concern psychological needs and only 16% are actual medical problems (Kemicer-Chmielewska, 2014). Other studies suggest that there is interrelation between the mental health condition, the quality of life, control of pain and chronic musculoskeletal disorders, back pain in particular (Antonopoul, 2009; Cabak, 2011; Cabak, 2015; Cabak, 2015b; Froud, 2014;). Individuals struggling with chronic pain may present themselves as having a worse physical condition and poor management of their health problems. Therefore, the evaluation of patients' expectations towards the rehabilitation process, involvement in terms of the appropriate therapy choice, and emotional support appear so vital.

Rotter et al. (2013) analysed patients' expectations in correlation with certain demographic factors. He confirms the overall low expectation level for emotional support when compared with other expectations. Additionally, the study proved that people with a lower educational background, pensioners, widows / widowers and divorcees have increased expectations of emotional support.

Alternatively, Moczyłowska et al. (2014) tested patients with the use of the Trust in Physician Scale by Adeerson and Dedrick. The study has shown that patients emphasise the accuracy of diagnosis and competence in terms of examination, on the part of a doctor, as being the most essential. The vast majority of respondents wanted to discuss their health problems, and that confirmed the correctness of the results presented in this paper. Furthermore, the author pointed out the family need for information about the patient's particular disease. Almost all respondents had confidence in their doctors and were treated with due respect.

The condition of the health care system significantly affects patients' expectations. According to the survey carried out by Marcinów and Olejniczak (2011), more than 70% of respondents were dissatisfied with the functioning of the public health system in Poland, and 51% of respondents criticized the quality of the health care services provided. The length of a visit to a physician's office ranged from 10 to 19 min (70% of respondents), whereas 12% responded that the time was shorter than 10 minutes. 42% of respondents claimed it was not enough time for such a visit. Additionally, nearly all respondents confirmed the need for changes and reforms in the Polish health care system.

A knowledge of patients' expectations regarding the course of treatment may be needed both for doctors and other therapists to plan therapy in a more accurate and effective manner. In order to do so, enough time should be devoted to the patient. Next, an appropriate discussion and the wider assessment of a patient's needs, not only in the field of medical diagnostics, but also in the area of daily functioning, activity and physical fitness, normal and abnormal habits and ways of coping with the disease, need to be performed. It seems essential to keep patients active and mindful of their options including the guarantee of unlimited access to consultations with various medical specialists during the rehabilitation process.

Some proposals appear to be a shared medical appointment (SMA) as a clinical encounter in which patients receive education, counseling, physical examination, and clinical support. Interventions are tailored to that group of patients who share a common illness (Kirsh et al 2017).

The results of this study have also the aim to improve the effectiveness of treatment, a better understanding of the patient-doctor relationship and their mutual expectations, as well as to improve the quality of the medical services tailored to patients' needs and expectations.

CONCLUSIONS

1. The respondents considered explanations of the disease and information on the further examination and treatment, the most significant expectation towards their physical medicine and rehabilitation doctor. The expectation for emotional support significantly increased with the age of the patients.
2. The vast majority of respondents expressed the need for interim physiotherapeutic consultations regarding their health.
3. This study on expectations towards rehabilitation specialists needs to be continued and included in the treatment process in order to improve the quality of medical services.

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